

300000 21057 2/13/13

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCB

AsOfDate 02/11/2013

Voucher Vchr VchrLineDescr

Distr Account

Account

Fund

VendorName

Withhold

Accounting Period Year Month

PurchaseOrder Invoice Number


Total Amount

Number	Line	Line#	Description	Withhold	Year	Month						
00325171	1	Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	02	0000097734	Adams, R. 2.4-2.	435.00
Total For Voucher											435.00	







VP

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary


Business Unit: 66500  
 Voucher ID: 00325171  
 Voucher Style: Regular  
 Vendor: ADAMS, RICHARD B  
 RUIDOSO PUBLIC HEALTH OFFICE  
 RUIDOSO, NM 88345

Invoice Number: Adams, R. 2.4-2.7.13  
 Invoice Date: 02/08/2013  
 Total: 435.00  
 \*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information		Find   View All		First	1 of 1	Last
Scheduled Payment:	1					 
*Remit to:	0000097303 	Gross Amount:	435.00	USD		
Location:	001 	Discount:	0.00	USD	Discount Denied	
*Address:	1 	Late Charge				
ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345		Scheduled Due:	02/08/2013			
		Net Due:	02/08/2013			
		Discount Due:				
		Accounting Date:				

Payment Method		Pay Group:	
*Bank:	WFB10		
*Account:	B	*Handling:	RE
*Method:	ACH ACH	*Netting:	N 
Message:		Messages	

Message will appear on remittance advice.

AGENCY

NAME DEPARTMENT OF HEALTH

## STATE OF NEW MEXICO

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE

1

DATE

2/8/2013

AGENCY

66500

VOUCHER NUMBER

00325171

NAME

Richard Adams

CAR LICENSE NUMBER

SG-1984

POST OF DUTY

Ruidoso

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

97303

MODEL

Nissan

RESIDENCE

REG. WORK DAY

8:00 AM THRU 5:00 PM

YEAR

2011

Ruidoso

(RECOUPMENT VOUCHER)

DATE

TIME: SHOW AM OR PM

CHARACTER OF EXPENDITURES

ODOMETER/MAP MILES

ENTER START &amp; FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START &amp; FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

Depart Ruidoso to Santa Fe Overnight-Santa Fe rates apply

Overnight-Santa Fe rates apply

Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs

+ attend meeting

Overnight-Santa Fe rates apply

ENTER START &amp; FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

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AMOUNTS

X

Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

X

ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-8-5 (I), NMSA 1978

Signature

(DOH-General Accounting Use Only)

Date

Signature required on overnight lodging exceeding \$215.00 per night:

Richard Adams

(TYPE PAYEE NAME)

I, SOLELY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLETES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT

PAYEE SIGN HERE:

Richard Adams

2-5-13

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary and staff in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request:	02/01/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	02/04/13	Time:	06:00 AM	Return Date: (month/day/yr)	2/7/13 Time: 06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

  
 Employee Signature 2-5-13  
Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator Date  
 (As per specific division requirements)

  
 Cabinet Secretary Signature 2/6/13  
 (To be obtained for Division Directors' requests and Date  
 when Division Directors are not available to sign approval.)